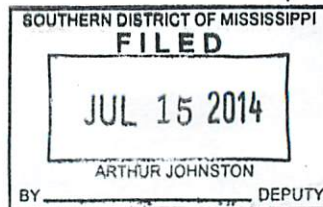


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

*(Tape)* "Sexually Assaulted." COMPLAINT

(Last Name) Edge (Identification Number) 13856  
 (First Name) Hudson (Middle Name) LYNN  
 (Institution) MDOC, E.M.C.F. (OR) 118, LYNN ST.  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



CIVIL ACTION NUMBER:

3:14-cv-548-DRJ/FKB  
 (to be completed by the Court)

v.  
Miss. Dep. of Corrections, for E.M.C.F.  
(OR) M.T.C. MANAGEMENT, TRAINING  
CORPORATION. (Sgt. FULLYUMS, DR. JOHNSON,  
DR. BATTLE AND DR. SCOTT.  
 (Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ( )

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

- Parties to the action: 2004, At M.S.P. - "Miss. State Penitentiary," ALL ACTIONS,  
WAS NOT FOLLOWING; AND, State District Court of the Southern  
District of Miss. M.D.C.; FAD, Miss. Correctional Facility.
- Court (if federal court, name the district; if state court, name the county): Simpson, Co. Northern  
District of Miss.; The Southern District of Miss.; LAUREL, Co.)
- Docket Number: N/A
- Name of judge to whom case was assigned: N/A
- Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): DISMISSED FOLLOW ACTIONS FOR THE Northern District. Still pending for Southern.

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Hudson Lynn Edge Prisoner Number: #13856  
 Address: EAST MISS. Correctional Facility, 1064 Hwy 80 Meridian, MS. 39307/39384 (OR)  
Home Address 118, Lynn Street, Grenada, MS 38901.

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Sgt. Pullum, Lt. Johnson, Lt. Battle, and Lt. Scott is employed as  
Correctional Officers at M.D.C. EAST MISS.  
Correctional Facility, for M.T.C. MANAGEMENT, TRAINING CORPORATION.

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Hudson Lynn Edge ADDRESS: M.D.C. EAST MISS. Correctional Facility  
Hudson Lynn Edge 118, Lynn St. Grenada, MS 38901.

## DEFENDANT(S):

NAME: <u>Sgt. Pullum</u>	ADDRESS: <u>EAST MISS. Correctional Facility (OR) N/A</u>
<u>Lt. Johnson</u>	<u>11</u>
<u>Officer Battle</u>	<u>11</u>
<u>Officer Scott</u>	<u>11</u>

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (X) No ( )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ) No (X)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (X) No ( )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (X) No ( )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (X) No ( ), if so, state the results of the procedure: A.R.P. WAS DENIED

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

\_\_\_\_\_



## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

Complaint: On the 7<sup>th</sup> day of March, of 2014. My Constitutional Rights were violated!!! Here at M.D.C. for M.T.C. MANAGEMENT. TRAINING CORPORATION. By these STAFF Sgt. Fullman, etc. Johnson, etc. Babb, and Officer Scott. These "M.T.C. STAFF" for M.D.C. And East Miss. Correctional Facility, Did violate my Constitutional Rights here at 4:30 p.m. on the above date of this report... These STAFF, did unlawfully and recklessly, under no circumstances; at the Miss. Dept. of Corrections, Held me down, on the floor of my cell #116 of B-pd, on unit #5, and raped me in my butt hole... This is my true Complaint provided to the State of Miss. Courts.

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I, Hudson Lynn Edge, SSN: 427-35-7457, wish to press charges on these STAFF, And I'm seeking A Hundred's Trillion's of Dollars.

Signed this 4<sup>th</sup> day of July, 2014.

Hudson Edge #13856 E.M.C.F.  
 (or) 118 Lynn, 38 Grenada, MS 38901.  
 Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

7-4-2014  
 (Date)

Hudson Edge  
 Signature of plaintiff